

United States Bankruptcy Court for the:
District of Nevada

Case number (if known): _____ Chapter you are filing under:
 Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

RECEIVED
AND FILED
2017 APR 14 PM 1:46

U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

Check if this is an
amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part I Identify Yourself	
About Debtor 1:	
1. Your full name	
<p>Write the name that is on your government-issued picture identification (for example, your driver's license or passport).</p> <p>Bring your picture identification to your meeting with the trustee.</p>	
<p>William First name Peter Middle name VerVooren Last name Suffix (Sr., Jr., II, III)</p>	
About Debtor 2 (Spouse Only in a Joint Case):	
<p>Loretta First name Leonarda Middle name VerVooren Last name Suffix (Sr., Jr., II, III)</p>	
2. All other names you have used in the last 8 years	
<p>None First name Middle name Last name First name Middle name Last name</p>	
<p>None First name Middle name Last name First name Middle name Last name</p>	
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	
<p>xxx - xx - 0 6 7 3 OR 9 xx - xx - _____</p>	
<p>xxx - xx - 5 4 5 2 OR 9 xx - xx - _____</p>	

Debtor 1 William Peter VerVooren
 First Name Middle Name Last Name

Case number (if known) _____

About Debtor 1:			About Debtor 2 (Spouse Only In a Joint Case):																																												
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and <i>doing business as</i> names			<input checked="" type="checkbox"/> I have not used any business names or EINs. Business name _____ Business name _____ EIN _____ EIN _____																																												
			<input checked="" type="checkbox"/> I have not used any business names or EINs. Business name _____ Business name _____ EIN _____ EIN _____																																												
5. Where you live <table> <tr> <td colspan="3"> <u>260 E. Parr Blvd.</u> Number Street </td> <td colspan="3"> If Debtor 2 lives at a different address: <u>same as debtor 1</u> Number Street </td> </tr> <tr> <td colspan="3">#G8</td> <td colspan="3"> City _____ State _____ ZIP Code _____ </td> </tr> <tr> <td colspan="3"> <u>Reno</u> City _____ </td> <td colspan="3"> NV State _____ ZIP Code _____ </td> </tr> <tr> <td colspan="3"> <u>Washoe</u> County _____ </td> <td colspan="3"> County _____ </td> </tr> <tr> <td colspan="6"> If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. </td> </tr> <tr> <td colspan="3"> Number Street <u>P.O Box 4079</u> P.O. Box </td> <td colspan="3"> Number Street City _____ State _____ ZIP Code _____ </td> </tr> <tr> <td colspan="3"> <u>Sparks</u> City _____ </td> <td colspan="3"> NV State _____ ZIP Code _____ </td> </tr> </table>						<u>260 E. Parr Blvd.</u> Number Street			If Debtor 2 lives at a different address: <u>same as debtor 1</u> Number Street			#G8			City _____ State _____ ZIP Code _____			<u>Reno</u> City _____			NV State _____ ZIP Code _____			<u>Washoe</u> County _____			County _____			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.						Number Street <u>P.O Box 4079</u> P.O. Box			Number Street City _____ State _____ ZIP Code _____			<u>Sparks</u> City _____			NV State _____ ZIP Code _____		
<u>260 E. Parr Blvd.</u> Number Street			If Debtor 2 lives at a different address: <u>same as debtor 1</u> Number Street																																												
#G8			City _____ State _____ ZIP Code _____																																												
<u>Reno</u> City _____			NV State _____ ZIP Code _____																																												
<u>Washoe</u> County _____			County _____																																												
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.																																															
Number Street <u>P.O Box 4079</u> P.O. Box			Number Street City _____ State _____ ZIP Code _____																																												
<u>Sparks</u> City _____			NV State _____ ZIP Code _____																																												
6. Why you are choosing this district to file for bankruptcy <table> <tr> <td colspan="3"> Check one: <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. </td> <td colspan="3"> Check one: <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. </td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) _____ _____ _____ </td> <td colspan="3"> <input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) _____ _____ _____ </td> </tr> </table>						Check one: <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			Check one: <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) _____ _____ _____			<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) _____ _____ _____																																
Check one: <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			Check one: <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.																																												
<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) _____ _____ _____			<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) _____ _____ _____																																												

Debtor 1 William Peter VerVooren
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

<p>7. The chapter of the Bankruptcy Code you are choosing to file under</p> <p><input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13</p>	<p>Check one. (For a brief description of each, see <i>Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy</i> (Form 2010)). Also, go to the top of page 1 and check the appropriate box.</p>
<p>8. How you will pay the fee</p> <p><input checked="" type="checkbox"/> I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</p> <p><input type="checkbox"/> I need to pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to Pay The Filing Fee in Installments</i> (Official Form 103A).</p> <p><input type="checkbox"/> I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.</p>	
<p>9. Have you filed for bankruptcy within the last 8 years?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Debtor _____ When _____ Case number _____ District _____ When _____ Case number _____ MM / DD / YYYY</p> <p>District _____ When _____ Case number _____ MM / DD / YYYY</p> <p>District _____ When _____ Case number _____ MM / DD / YYYY</p>	
<p>10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Debtor _____ Relationship to you _____ District _____ When _____ Case number, if known _____ MM / DD / YYYY</p> <p>Debtor _____ Relationship to you _____ District _____ When _____ Case number, if known _____ MM / DD / YYYY</p>	
<p>11. Do you rent your residence?</p> <p><input type="checkbox"/> No. Go to line 12.</p> <p><input checked="" type="checkbox"/> Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?</p> <p><input checked="" type="checkbox"/> No. Go to line 12.</p> <p><input type="checkbox"/> Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.</p>	

Debtor 1 **William Peter VerVooren**
 First Name Middle Name Last Name

Case number (*if known*) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

No. Go to Part 4.
 Yes. Name and location of business

Name of business, if any _____

Number Street _____

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No
 Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number Street _____

City _____ State _____ ZIP Code _____

Debtor 1

William Peter VerVooren

First Name

Middle Name

Last Name

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

16. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:**You must check one:**

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):**You must check one:**

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **William Peter VerVooren**
 First Name Middle Name Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.
Medical, Repossession, IRS Taxes 2000 to 2013

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No
 Yes

18. How many creditors do you estimate that you owe?

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. How much do you estimate your liabilities to be?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3671.


 Signature of Debtor 1

Executed on 4/13/17
 MM / DD / YYYY


 Signature of Debtor 2

Executed on 4/13/17
 MM / DD / YYYY

Debtor 1 William Peter VerVooren

First Name

Middle Name

Last Name

Case number (if known) _____

For your attorney, If you are represented by one**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

 Pro-Se

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone _____

Email address _____

Bar number

State

Debtor 1

William Peter VerVooren

First Name

Middle Name

Last Name

Case number (if known) _____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or property claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No
 Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.


 Signature of Debtor 1

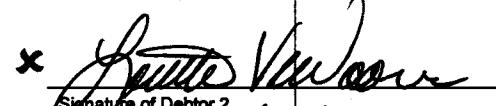
Date

4/13/17
MM / DD / YYYY

Contact phone (775) 412-8909

Cell phone _____

Email address _____


 Signature of Debtor 2

Date

4/13/17
MM / DD / YYYY

Contact phone (775) 354-3944

Cell phone _____

Email address loretta.vervooren@yahoo.com

Certificate Number: 04541-NV-CC-028888125



04541-NV-CC-028888125

CERTIFICATE OF COUNSELING

I CERTIFY that on March 8, 2017, at 5:47 o'clock PM PST, LORETTA L VERVOOREN received from Family Counseling Service of Northern Nevada, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted in person.

Date: March 8, 2017

By: /s/JENNIFER L WILLIAMS

Name: JENNIFER L WILLIAMS

Title: Inter

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 04541-NV-CC-028888133



04541-NV-CC-028888133

CERTIFICATE OF COUNSELING

I CERTIFY that on March 8, 2017, at 5:49 o'clock PM PST, WILLIAM P VERVOOREN received from Family Counseling Service of Northern Nevada Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted in person.

Date: March 8, 2017

By: /s/JENNIFER L WILLIAMS

Name: JENNIFER L WILLIAMS

Title: Inter

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Fill in this information to identify your case.			
Debtor 1	William First Name	Peter Middle Name	VerVooren Last Name
Debtor 2 (Spouse, if filing)	Loretta First Name	Leonarda Middle Name	VerVooren Last Name
United States Bankruptcy Court for the: District of Nevada			
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 14,126.30
1c. Copy line 63, Total of all property on Schedule A/B	\$ 14,126.30

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 9,743.00
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D	\$ 9,743.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 117,752.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 117,752.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 28,651.54
	Your total liabilities \$ 156,146.54

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$ 5,010.89
Copy your combined monthly income from line 12 of Schedule I	\$ 5,010.89
5. Schedule J: Your Expenses (Official Form 106J)	\$ 4,734.00
Copy your monthly expenses from line 22c of Schedule J	\$ 4,734.00

Debtor 1 Willilam Peter VerVooren Case number (if known) _____

First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,321.60

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 115,000.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. Total. Add lines 9a through 9f. \$ 115,000.00

Case number _____		
Debtor 1	William	Peter
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Loretta	Leonarda
	First Name	Middle Name
	VerVooren	
Last Name		
United States Bankruptcy Court for the: District of Nevada		
Case number _____		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1.

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ _____

\$ _____

Current value of the portion you own?

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2.

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ _____

\$ _____

Current value of the portion you own?

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

Debtor 1 William Peter VerVooren
 First Name Middle Name Last Name

Case number (if known) _____

<p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____</p>			<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p> <p>Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____</p> <p>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. _____</p>	
<p>1.3. Street address, if available, or other description _____</p> <p>City _____ State _____ ZIP Code _____ County _____</p>			<p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p> <p>Other information you wish to add about this item, such as local property identification number: _____</p>	
<p>2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____</p>			<p>\$ _____</p>	
<p>Part 2: Describe Your Vehicles</p> <p>Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.</p> <p>3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>3.1. Make: Ford Model: F250XLT Year: 1997 Approximate mileage: 160626 Other information: spouse needs vehicle he is disabled for Dr. appt</p> <p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this is community property (see instructions)</p> <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p> <p>Current value of the entire property? \$ 2,000.00 Current value of the portion you own? \$ 2,000.00</p>				
<p>If you own or have more than one, describe here:</p> <p>3.2. Make: Ford Model: Explorer Year: 2006 Approximate mileage: 183900 Other information: Loan owed of 3,800</p> <p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this is community property (see instructions)</p> <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p> <p>Current value of the entire property? \$ 3,100.00 Current value of the portion you own? \$ 0.00</p>				

Debtor 1 William Peter VerVooren Case number (if known) _____

3.3. Make: _____ Model: _____ Year: _____ Approximate mileage: _____ Other information: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____	
3.4. Make: _____ Model: _____ Year: _____ Approximate mileage: _____ Other information: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____	
4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
4.1. Make: <u>Dreamer</u> Model: <u>5th wheel</u> Year: <u>1995</u> Other information: <div style="border: 1px solid black; height: 30px; width: 100%;"><p>living in RV as home & pay monthly rv space to live in</p></div>	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? \$ <u>5,000.00</u> Current value of the portion you own? \$ <u>5,000.00</u>	
5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here \$ <u>7,500.00</u>			

Debtor 1 **William Peter VerVooren**
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?**

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe.....

toaster oven, coffee maker, kitchenware, dinner plates

\$ 250.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....

TV, computer, cell phone

\$ 500.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....

\$

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....

2 Backpack, 2 Bicycle, tools, 2 kayaks

\$ 700.00

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....

1 9mm, semi auto Baretta Nano

\$ 380.00

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....

everyday clothes shoes

\$ 600.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

2 wedding rings, 2 watchs

\$ 500.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses No Yes. Describe.....

1 small 14 year old black pomeranian

\$ 0.00

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ 2,930.00

Debtor 1 William Peter VerVooren
 First Name Middle Name Last Name

Case number (if known) _____

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash: \$ 35.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. Checking account:	<u>Wells Fargo William</u>	\$ <u>50.00</u>
17.2. Checking account:	<u>Wells Fargo Loretta</u>	\$ <u>50.00</u>
17.3. Savings account:	<u>WElls Fargo Loretta</u>	\$ <u>25.00</u>
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

0% %

0% %

0% %

_____	\$ _____
_____	\$ _____
_____	\$ _____

Debtor 1 **William Peter VerVooren**
 First Name Middle Name Last Name

Case number (if known) _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: _____

\$ _____

Pension plan: _____

\$ _____

IRA: _____

\$ _____

Retirement account: _____

\$ _____

Keogh: _____

\$ _____

Additional account: _____

\$ _____

Additional account: _____

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes

Institution name or individual:

Electric: _____

\$ _____

Gas: _____

\$ _____

Heating oil: _____

\$ _____

Security deposit on rental unit: _____

\$ _____

Prepaid rent: _____

\$ _____

Telephone: _____

\$ _____

Water: _____

\$ _____

Rented furniture: _____

\$ _____

Other: _____

\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes

Issuer name and description:

Debtor 1 William Peter VerVooren
 First Name Middle Name Last Name

Case number (if known) _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ _____
 \$ _____
 \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them....

\$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them....

\$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them....

\$ _____

Money or property owed to you?**Current value of the portion you own?
Do not deduct secured claims or exemptions.****28. Tax refunds owed to you**

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____
 State: \$ _____
 Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information.....

Alimony: \$ _____
 Maintenance: \$ _____
 Support: \$ _____
 Divorce settlement: \$ _____
 Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information.....

William Monthly Disability Social Security \$1260.30 SW pension
\$793 Loretta unpaid wages \$1483

\$ 3,536.30

Debtor 1 **William Peter VerVooren**
 First Name Middle Name Last Name

Case number (if known) _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company
of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.....

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.

\$ _____

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

\$ _____

\$ _____

35. Any financial assets you did not already list No Yes. Give specific information.....

\$ _____

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$ 3,696.30

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned No Yes. Describe.....

\$ _____

\$ _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe.....

\$ _____

\$ _____

Debtor 1 **William Peter VerVooren**

Case number (*if known*) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

	\$ _____
--	----------

41. Inventory

No

Yes. Describe.....

	\$ _____
--	----------

42. Interests in partnerships or joint ventures

No

Yes. Describe.....

Name of entity:

% of ownership:

	% \$ _____
	% \$ _____
	% \$ _____

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

	\$ _____
--	----------

44. Any business-related property you did not already list

No

Yes. Give specific information

	\$ \$ \$ \$ \$ \$ \$ \$
--	--

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

	\$ 0.00
--	---------

Part 6:

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes

	\$ 0.00
--	---------

Debtor 1 **William Peter VerVooren**
 First Name Middle Name Last Name

Case number (if known) _____

48. Crops—either growing or harvested

No
 Yes. Give specific information.....

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes.....

\$ _____

50. Farm and fishing supplies, chemicals, and feed

No
 Yes.....

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information.....

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here → \$ **0.00****Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

\$ _____

\$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here → \$ **0.00****Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2** → \$ **0.00****56. Part 2: Total vehicles, line 5** \$ **7,500.00****57. Part 3: Total personal and household items, line 15** \$ **2,930.00****58. Part 4: Total financial assets, line 36** \$ **3,696.30****59. Part 5: Total business-related property, line 45** \$ **0.00****60. Part 6: Total farm- and fishing-related property, line 52** \$ **0.00****61. Part 7: Total other property not listed, line 54** + \$ **0.00****62. Total personal property. Add lines 56 through 61.** \$ **14,126.30** Copy personal property total → + \$ **14,126.30****63. Total of all property on Schedule A/B. Add line 55 + line 62.** \$ **14,126.30**

For more information, contact your lawyer.

Debtor 1	William	Peter	VerVooren
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Loretta	Leonarda	VerVooren
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Nevada			
Case number (if known) _____			<input type="checkbox"/> Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description:	Line from <i>Schedule A/B</i> :	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.
Brief description: "95" Dreamer 5th wh	Line from <i>Schedule A/B</i> : 4.1	\$ 5,000.00	<input checked="" type="checkbox"/> \$ 5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
Brief description: "97" Ford Truck	Line from <i>Schedule A/B</i> : 3.1	\$ 2,000.00	<input checked="" type="checkbox"/> \$ 2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit
Brief description: "60" Glaspar Boat	Line from <i>Schedule A/B</i> : 4.2	\$ 500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 William Middle Name Peter Last Name VerVooren Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Household goods</u>	\$ <u>250.00</u>	<input checked="" type="checkbox"/> \$ <u>250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21.090(l)(b)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Electronics</u>	\$ <u>500.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21-1556 (3)
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Equip, sports, hobby</u>	\$ <u>700.00</u>	<input checked="" type="checkbox"/> \$ <u>700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	25-1556(3)
Line from Schedule A/B: <u>9</u>			
Brief description: <u>Firearms</u>	\$ <u>380.00</u>	<input checked="" type="checkbox"/> \$ <u>380.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21.090(l)(z)
Line from Schedule A/B: <u>10</u>			
Brief description: <u>Clothes</u>	\$ <u>600.00</u>	<input checked="" type="checkbox"/> \$ <u>600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21.090(l)(b)
Line from Schedule A/B: <u>11</u>			
Brief description: <u>wedding ring watchs</u>	\$ <u>500.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21.090(l)(b)
Line from Schedule A/B: <u>12</u>			
Brief description: <u>Wages</u>	\$ <u>3,609.00</u>	<input checked="" type="checkbox"/> \$ <u>2,706.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	21.090(i)(g)
Line from Schedule A/B: <u>30</u>			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			

Debtors' names and Social Security numbers (if known)			
Debtor 1	First Name William	Middle Name Peter	Last Name VerVooren
Debtor 2 (Spouse, if filing)	First Name Loretta	Middle Name Leonarda	Last Name VerVooren
United States Bankruptcy Court for the: District of Nevada			
Case number (if known) _____			<input type="checkbox"/> Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.		\$ 9,743.00	\$ 3,190.00	\$ 3,800.00
2.1	Right Size Funding Creditor's Name P.O. Box 93385 Number Street Las Vegas NV 89193 City State ZIP Code	Describe the property that secures the claim: 2006 Ford Explorer		
		As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
	Date debt was incurred 11/02/2014	Last 4 digits of account number 5 4 5 2		
2.2	Creditor's Name Number Street City State ZIP Code	Describe the property that secures the claim: _____	\$	\$
		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
	Date debt was incurred _____	Last 4 digits of account number _____		
	Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____			

Debtor 1

William

Peter

VerVooren

Case number (if known) _____

Part 1

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

	<p>Describe the property that secures the claim: \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p>
	<p>Describe the property that secures the claim: \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p>
	<p>Describe the property that secures the claim: \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> <p>Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____</p> <p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$ _____</p>

Debtor 1	William	Peter	VerVooren	Case number (if known) _____
	First Name	Middle Name	Last Name	
Part 2: List Others to Be Notified for a Debt That You Already Listed				
<p>Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.</p>				
<input type="checkbox"/>	Name _____			On which line in Part 1 did you enter the creditor? _____
	Number	Street		Last 4 digits of account number _____
	City	State	ZIP Code	
<input type="checkbox"/>	Name _____			On which line in Part 1 did you enter the creditor? _____
	Number	Street		Last 4 digits of account number _____
	City	State	ZIP Code	
<input type="checkbox"/>	Name _____			On which line in Part 1 did you enter the creditor? _____
	Number	Street		Last 4 digits of account number _____
	City	State	ZIP Code	
<input type="checkbox"/>	Name _____			On which line in Part 1 did you enter the creditor? _____
	Number	Street		Last 4 digits of account number 5 4 5 2
	City	State	ZIP Code	
<input type="checkbox"/>	Name _____			On which line in Part 1 did you enter the creditor? _____
	Number	Street		Last 4 digits of account number _____
	City	State	ZIP Code	
<input type="checkbox"/>	Name _____			On which line in Part 1 did you enter the creditor? _____
	Number	Street		Last 4 digits of account number _____
	City	State	ZIP Code	

Information to identify you:		
Debtor 1 Debtor 2 (Spouse, if filing)	First Name Middle Name First Name Last Name	Last Name Middle Name Last Name
United States Bankruptcy Court for the: District of Nevada		
Case number (if known)		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1	IRS Case # 1155913179 Priority Creditor's Name P.O. Box 24017 Number Street Fresno Ca 93779 City State ZIP Code	Last 4 digits of account number 0 6 7 3 \$ 100,000.00 \$ 100,000 (\$ 100,000.00)
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? 04/15/2000
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify tax from 2000 to 2013	
2.2	Santander Consumer USA Priority Creditor's Name P.O. Box 961245 Number Street Fort Worth TX 76161 City State ZIP Code	Last 4 digits of account number 0 6 7 3 \$ 15,000.00 \$ 15,000.0 (\$ 15,000.00)
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? 07/03/2010
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify repossessed 2009 dodge car	

Debtor 1	First Name	Middle Name	Last Name	Case number (if known)
Part 1: Your PRIORITY Unsecured Claims – Continuation Page				
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				
2.1	Real Time Solutions		Last 4 digits of account number <u>0 6 7 3</u>	\$ <u>15,000.00</u> <u>\$ 15,000.00</u> <u>\$ 15,000.00</u>
Priority Creditor's Name <u>Dept. 107565</u>		Number Street <u>P.O. Box 1259</u>	When was the debt incurred? <u>07/03/2010</u>	
City <u>Oaks</u> State <u>Pa</u> ZIP Code <u>19456</u>		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were Intoxicated <input checked="" type="checkbox"/> Other. Specify <u>reposessed 2009 dodge car</u>		
Is the claim subject to offset?				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
2.2	NCB Management		Last 4 digits of account number <u>0 6 7 3</u>	\$ <u>15,000.00</u> <u>\$ 15,000.00</u> <u>\$ 15,000.00</u>
Priority Creditor's Name <u>PO Box 1099</u>		Number Street	When was the debt incurred? <u>07/03/2010</u>	
City <u>Longhome</u> State <u>Pa</u> ZIP Code <u>19047</u>		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were Intoxicated <input checked="" type="checkbox"/> Other. Specify <u>reposses2009 dodge car</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
2.2	Clark County Dollar Loan		Last 4 digits of account number <u>5 6 4 6</u>	\$ <u>2,752.00</u> <u>\$ 2,752.00</u> <u>\$ 2,752.00</u>
Priority Creditor's Name <u>8860 W Sunset Ste 100</u>		Number Street	When was the debt incurred? <u>07/03/2010</u>	
City <u>Las Vegas</u> State <u>NV</u> ZIP Code <u>89148</u>		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were Intoxicated <input checked="" type="checkbox"/> Other. Specify <u>payday loan</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 William Peter VerVooren Case number (if known) _____

First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**4.1 Aargon No.NV Medical**

Nonpriority Creditor's Name

8668 Spring Mt. Rd

Number Street

Las Vegas

NV

89117

City

State

ZIP Code

Last 4 digits of account number 3 7 3 2\$ 126.00When was the debt incurred? 02/12/2014

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Ins. did not pay

4.2 Aargon

Nonpriority Creditor's Name

8668 Spring Mt. Rd

Number Street

Las Vegas

NV

89117

City

State

ZIP Code

Last 4 digits of account number 3 4 8 6\$ 263.47When was the debt incurred? 03/01/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify MedicalAsso

4.3 Assoc. Anesthesiology

Nonpriority Creditor's Name

PO Box 401805

Number Street

Las Vegas

NV

89140

City

State

ZIP Code

Last 4 digits of account number 0 3 8 9\$ 70.69When was the debt incurred? 03/01/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Debtor 1 William Peter VerVooren
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.4**Professional Business Coll/Body Fuel Fitness**

Nonpriority Creditor's Name

PO Box 4157

Number Street
Greenwood Village CO 80155

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 0 1 2 2\$ 700.00When was the debt incurred? 10/01/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Gym membership

4.5**Business Prof.**

Nonpriority Creditor's Name

816 S. Center St.

Number Street
Reno NV 89501

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 8 7 0 4\$ 286.00When was the debt incurred? 01/15/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical

4.6**Business Prof.**

Nonpriority Creditor's Name

816 S. Center

Number Street
Reno NV 89501

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 3 3 3 0\$ 267.00When was the debt incurred? 07/15/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical

Debtor 1 William Peter VerVooren Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

NCB Management

Name _____

PO Box 1099

Number Street _____

Longhome

PA

19047

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 6 7 3

Real Time Solutions

Name _____

DEPT 107565

Number Street _____

P.O. Box 1259

Cincinnati

OH

45236

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 4 5 2

Name _____

Number Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____

Number Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____

Number Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____

Number Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name _____

Number Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 William Peter VerVooren Case number (if known) _____

First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**4.1 Business & Professional**

Nonpriority Creditor's Name

816 S CENTER ST

Number Street

RENO

NV

89501

City

State

ZIP Code

Last 4 digits of account number 3 3 3 0\$ 96.69When was the debt incurred? 03/05/2014

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify POWER BILL

4.2 CONVERGENT

Nonpriority Creditor's Name

PO BOX 9004

Number Street

RENTON

WA

98057

City

State

ZIP Code

Last 4 digits of account number 0 8 6 4\$ 223.25When was the debt incurred? 07/13/2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify BANCARD

4.3 CMRE

Nonpriority Creditor's Name

3075 E. IMPERIAL HWY #200

Number Street

BREA

CA

92821

City

State

ZIP Code

Last 4 digits of account number 9 4 4 5\$ 108.79When was the debt incurred? 06/09/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify MEDICAL

Debtor 1 **William Peter VerVooren** Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.4	ENHANCED RECOVERY CO. LLC Nonpriority Creditor's Name DEPT 063 Number Street PALATINE IL 60055 City State ZIP Code			Last 4 digits of account number 9 4 7 0	\$ 118.34
			When was the debt incurred? 04/11/2012		
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CABLE					
4.5	EXPRESS RECOVERY SERVICES Nonpriority Creditor's Name PO BOX 26415 Number Street SALT LAKE CITY UT 84126 City State ZIP Code			Last 4 digits of account number 4 8 9 5	\$ 460.74
			When was the debt incurred? 06/23/2012		
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify PAYDAY LOAN					
4.6	GRANT WEBER Nonpriority Creditor's Name 861 CORONADO CENTER DR. #211 Number Street HENDERSON NV 89052 City State ZIP Code			Last 4 digits of account number 8 8 8 7	\$ 233.63
			When was the debt incurred? 11/20/2010		
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL					

Debtor 1 William Peter VerVooren Case number (if known) _____

First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 First Premier Jefferson Capital Systems

Nonpriority Creditor's Name

16 McCleland Rd

Number Street

St. Cloud

State

ZIP Code

City

Last 4 digits of account number 3 9 0 6

\$ 224.00

When was the debt incurred? 07/19/2012

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.2 Sierra Endodontics/B&P Collection Service

Nonpriority Creditor's Name

816 S. Center St.

Number Street

Reno

State

ZIP Code

City

Last 4 digits of account number 8 4 3 2

\$ 685.50

When was the debt incurred? 02/10/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Dental

4.3 Basora/Summit Collection Svc.

Nonpriority Creditor's Name

491 Court St.

Number Street

Reno

State

ZIP Code

City

Last 4 digits of account number 5 4 5 2

\$ 869.00

When was the debt incurred? 03/12/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Dental

Debtor 1 William Peter VerVooren Case number (if known) _____

Part 2:

Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.4	Eastern Plumas Hospital/National Business Factors Nonpriority Creditor's Name <u>PO Box 640</u> Number Street <u>Carson City</u> NV <u>89702</u> City State ZIP Code	Last 4 digits of account number <u>9 4 4 4</u> \$ <u>1,505.75</u> When was the debt incurred? <u>04/15/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical ER</u>		
4.5	Check n Go/NCP Nonpriority Creditor's Name <u>7755 Montgomery Road, Ste 400</u> Number Street <u>Cincinnati</u> OH <u>45236</u> City State ZIP Code	Last 4 digits of account number <u>5 4 5 2</u> \$ <u>1,000.00</u> When was the debt incurred? <u>07/15/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Dayday Loan</u>		
4.6	Cash 1 LLC Nonpriority Creditor's Name <u>Dept. 461 PO Box 4115</u> Number Street <u>Concord</u> CA <u>94524</u> City State ZIP Code	Last 4 digits of account number <u>0 6 7 3</u> \$ <u>751.62</u> When was the debt incurred? <u>03/08/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Pay Day Loan</u>		

Debtor 1	William	Peter	VerVooren	Case number (if known)
	First Name	Middle Name	Last Name	
Part 2: List All of Your NONPRIORITY Unsecured Claims				
3. Do any creditors have nonpriority unsecured claims against you?				
<input type="checkbox"/> No. You have nothing to report in this part. Submit this form to the court with your other schedules. <input checked="" type="checkbox"/> Yes				
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.				
4.1	Money Tree Nonpriority Creditor's Name <u>PO Box 58363</u> Number Street <u>Seattle</u> <u>WA</u> <u>98138</u> City State ZIP Code			Last 4 digits of account number <u>5 4 5 2</u> When was the debt incurred? <u>07/11/2011</u> \$ <u>1,000.00</u>
	As of the date you file, the claim is: Check all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Payday Loan</u> 			
4.2	St. Marys Nonpriority Creditor's Name <u>1802 W. Olympic Blvd.</u> Number Street <u>Pasadena</u> <u>CA</u> <u>91199</u> City State ZIP Code			Last 4 digits of account number <u>1 9 1 0</u> When was the debt incurred? <u>02/01/2013</u> \$ <u>82.93</u>
	As of the date you file, the claim is: Check all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u> 			
4.3	St. Marys/National Business Factors Nonpriority Creditor's Name <u>969 Mica Dr.</u> Number Street <u>Carson City</u> <u>NV</u> <u>89705</u> City State ZIP Code			Last 4 digits of account number <u>4 2 2 0</u> When was the debt incurred? <u>07/11/2011</u> \$ <u>146.94</u>
	As of the date you file, the claim is: Check all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u> 			

Debtor 1 William Peter VerVooren Case number (if known) _____

Part 2:

Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.4	<p>St Mary's /CMR Financial Nonpriority Creditor's Name 3075 E. Imperial Hwy 200 Number Street Brea CA 92871 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Last 4 digits of account number 9 4 4 5	\$ 108.79
		When was the debt incurred? 07/09/2010	
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical</p>			
4.5	<p>SPPCO DBa NV Energy/B&P Collections Nonpriority Creditor's Name 816 S. Center St Number Street Reno NV 89501 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Last 4 digits of account number 3 3 3 0	\$ 96.69
		When was the debt incurred? 09/20/2013	
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify electric</p>			
4.6	<p>HOSPITAL COLLECTIONS Nonpriority Creditor's Name 816 S. CENTER ST. Number Street RENO NV 89501 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Last 4 digits of account number 9 4 4 4	\$ 1,505.75
		When was the debt incurred? 12/22/2015	
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL</p>			

Debtor 1 William Peter VerVooren Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<p>Sparks Radiology Nonpriority Creditor's Name <u>PO Box 21209</u> Number Street <u>Reno</u> <u>NV</u> <u>89515</u> City State ZIP Code</p>	Last 4 digits of account number <u>8 9 4 0</u> When was the debt incurred? <u>07/11/2011</u> \$ <u>27.69</u>
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>		
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Last 4 digits of account number <u>1 4 6 3</u> When was the debt incurred? <u>07/01/2013</u> \$ <u>375.62</u></p>		
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u></p>		
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Last 4 digits of account number <u>3 8 3 1</u> When was the debt incurred? <u>04/01/2014</u> \$ <u>270.34</u></p>		
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u></p>		
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		

Debtor 1 William Peter VerVooren Case number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.4	No. NV Emergency Physicians/Hospital Collections Nonpriority Creditor's Name <u>816 S. Center St.</u> Number Street <u>Reno</u> NV <u>89501</u> City State ZIP Code			Last 4 digits of account number <u>9 4 9 4</u>	\$ <u>80.80</u>
			When was the debt incurred? <u>10/25/2013</u>		
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>					
4.5	Mercury Inc. Nonpriority Creditor's Name <u>PO Box 5600</u> Number Street <u>Rancho Cucamonga</u> CA <u>89501</u> City State ZIP Code			Last 4 digits of account number <u>7 8 4 0</u>	\$ <u>46.10</u>
			When was the debt incurred? <u>09/20/2013</u>		
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>					
4.6	Radiology Consultants Nonpriority Creditor's Name <u>PO Box 3177</u> Number Street <u>Indianapolis</u> IND <u>46206</u> City State ZIP Code			Last 4 digits of account number <u>r c l 1</u>	\$ <u>53.33</u>
			When was the debt incurred? <u>02/08/2012</u>		
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>					

Debtor 1 William Peter VerVooren Case number (if known) _____

First Name Middle Name Last Name

Part 2:

Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.4	Montgomery Ward Nonpriority Creditor's Name <u>1112 7th Ave.</u> Number Street <u>Monroe</u> <u>WI</u> <u>53566</u> City State ZIP Code	Last 4 digits of account number <u>5 4 5 2</u> \$ <u>145.00</u> When was the debt incurred? <u>12/20/2010</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Gift Catalog</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.5	PROFESSIONAL FINANCE COMPANY INC Nonpriority Creditor's Name <u>PO BOX 1686</u> Number Street <u>GREELEY</u> <u>CO</u> <u>80632</u> City State ZIP Code	Last 4 digits of account number <u>6 7 1 5</u> \$ <u>13,000.00</u> When was the debt incurred? <u>08/05/2009</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical ER Surgery Urology</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.6	Collection Service of Nevada/Western Surgical Nonpriority Creditor's Name <u>777 Forest St.</u> Number Street <u>Reno</u> <u>NV</u> <u>89509</u> City State ZIP Code	Last 4 digits of account number <u>0 6 7 3</u> \$ <u>124.00</u> When was the debt incurred? <u>07/20/2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Surgery</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 William Peter VerVooren Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 NV Federal Credit Union #1704387

Nonpriority Creditor's Name

2645 S. Mojave RDP. O BOX 15400

Number Street

Las Vegas

State

ZIP Code

Last 4 digits of account number 0 6 7 3

\$ 458.00

When was the debt incurred? 07/05/2011

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Union

4.2 St. Mary's File 1463

Nonpriority Creditor's Name

1801 W. Olympic St.

Number Street

Pasadena

State

ZIP Code

Last 4 digits of account number 1 9 1 0

\$ 158.04

When was the debt incurred? 10/20/2010

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Union Clearstar Financial

4.3 Universal Fidelity

Nonpriority Creditor's Name

PO Box 941911

Number Street

Houston

State

ZIP Code

Last 4 digits of account number 3 9 7 4

\$ 48.97

When was the debt incurred? 12/20/2010

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify medical

Debtor 1 William Peter VerVooren Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.4	<p>B&P #22687</p> <p>Nonpriority Creditor's Name 816 S. Center St.</p> <p>Number Street Reno NV 89501</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number 2 6 8 7 \$ 116.00</p> <p>When was the debt incurred? 03/01/2016</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical</p>
4.5	<p>National Business Factors #18677</p> <p>Nonpriority Creditor's Name 969 Mica Dr</p> <p>Number Street Carson City NV 89705</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number 0 6 7 3 \$ 111.00</p> <p>When was the debt incurred? 04/22/2013</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical ground ambulance</p>
4.6	<p>Nonpriority Creditor's Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>			<p>Last 4 digits of account number _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>

Debtor 1 William Peter VerVooren Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 Midland Credit Management

Nonpriority Creditor's Name

PO Box 60578

Number Street

Los Angeles

State

ZIP Code

Last 4 digits of account number 6 6 3 4

\$ 526.49

When was the debt incurred? 08/12/2011

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Old phone account

4.2 Asset Recovery Solutions Inc.

Nonpriority Creditor's Name

2200 E. Devon Ave. Ste 200

Number Street

Des Plaines

State

ZIP Code

Last 4 digits of account number 3 9 0 6

\$ 223.25

When was the debt incurred? 07/12/2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify First Premier Creditor

4.3 Receivables Performance Management

Nonpriority Creditor's Name

PO Box 1548

Number Street

Lynnwood

State

ZIP Code

Last 4 digits of account number 3 3 2 9

\$ 146.64

When was the debt incurred? 03/09/2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Debtor 1 William Peter VerVooren Case number (if known) _____

Part 4:**Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

**Total claims
from Part 1**

6a. Domestic support obligations 6a. \$ 0.00
 6b. Taxes and certain other debts you owe the government 6b. \$ 100,000.00
 6c. Claims for death or personal injury while you were Intoxicated 6c. \$ _____
 6d. Other. Add all other priority unsecured claims.
 Write that amount here. 6d. + \$ 17,752.00
 6e. Total. Add lines 6a through 6d. 6e. \$ 117,752.00

**Total claims
from Part 2**

6f. Student loans 6f. \$ 0.00
 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. \$ 0.00
 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ 0.00
 6i. Other. Add all other nonpriority unsecured claims.
 Write that amount here. 6i. + \$ 28,861.54
 6j. Total. Add lines 6f through 6i. 6j. \$ 28,651.54

First name, middle name, and last name of your creditors		
Debtor	Willian	Peter
	First Name	Middle Name
Debtor 2 (Spouse if filing)	Loretta	Leonarda
	First Name	Middle Name
		VerVooren
		Last Name
United States Bankruptcy Court for the: District of Nevada		
Case number (if known)		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for
2.1	Name _____ Number Street _____ City _____ State _____ ZIP Code _____			
2.2	Name _____ Number Street _____ City _____ State _____ ZIP Code _____			
2.3	Name _____ Number Street _____ City _____ State _____ ZIP Code _____			
2.4	Name _____ Number Street _____ City _____ State _____ ZIP Code _____			
2.5	Name _____ Number Street _____ City _____ State _____ ZIP Code _____			

Debtor 1 Willian Peter VerVooren Case number (if known) _____

Additional Page If You Have More Contracts or Leases

	Person or company with whom you have the contract or lease	What the contract or lease is for
<u>2.</u>	Name _____ Number Street _____ City _____ State _____ ZIP Code _____	
<u>2.</u>	Name _____ Number Street _____ City _____ State _____ ZIP Code _____	
<u>2.</u>	Name _____ Number Street _____ City _____ State _____ ZIP Code _____	
<u>2.</u>	Name _____ Number Street _____ City _____ State _____ ZIP Code _____	
<u>2.</u>	Name _____ Number Street _____ City _____ State _____ ZIP Code _____	
<u>2.</u>	Name _____ Number Street _____ City _____ State _____ ZIP Code _____	
<u>2.</u>	Name _____ Number Street _____ City _____ State _____ ZIP Code _____	
<u>2.</u>	Name _____ Number Street _____ City _____ State _____ ZIP Code _____	
<u>2.</u>	Name _____ Number Street _____ City _____ State _____ ZIP Code _____	
<u>2.</u>	Name _____ Number Street _____ City _____ State _____ ZIP Code _____	

Please enter information to identify your case.			
Debtor 1	William First Name	Peter Middle Name	VerVooren Last Name
Debtor 2 (Spouse, if filing)	Loretta First Name	Leonarda Middle Name	VerVooren Last Name
United States Bankruptcy Court for the: District of Nevada			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number Street _____

City State ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.2

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.3

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Debtor 1 William Peter VerVooren Case number (if known) _____

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3. _____

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3. _____

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3. _____

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3. _____

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3. _____

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3. _____

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3. _____

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3. _____

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Enter this information to identify your case:

Debtor 1	William	Peter	VerVooren
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Loretta	Leonarda	VerVooren
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Nevada			
Case number (if known) _____			

Check if this is:

 An amended filing A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I**Schedule I: Your Income**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

OccupationDisability RetiredHuman Resources Manager**Employer's name**Ramada Hotel**Employer's address**1000 E. 6th St.

Number Street

Number Street

City State ZIP Code

Reno NV 89512

City State ZIP Code

How long employed there?**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

For Debtor 12. \$ 0.003. +\$ 0.004. \$ 0.00**For Debtor 2 or non-filing spouse**\$ 3,846.19+\$ 0.00\$ 3,846.19

Debtor 1	William	Peter	VerVooren	Case number (if known)
	First Name	Middle Name	Last Name	
Copy line 4 here.....	→ 4.	\$ 0.00	\$ 3,846.19	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 282.50	\$ 541.14	
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	\$ 0.00	
5e. Insurance	5e.	\$ 0.00	\$ 332.56	
5f. Domestic support obligations	5f.	\$ 0.00	\$ 0.00	
5g. Union dues	5g.	\$ 0.00	\$ 0.00	
5h. Other deductions. Specify: 00	5h.	+\$ 0.00	+\$ 0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$ 282.50	\$ 873.70	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ -282.50	\$ 2,972.49	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	\$ 0.00	
8b. Interest and dividends	8b.	\$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d.	\$ 0.00	\$ 0.00	
8e. Social Security	8e.	\$ 1,527.90	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g.	\$ 793.00	\$ 0.00	
8h. Other monthly Income. Specify: _____	8h.	+\$ 0.00	+\$ 0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$ 2,320.90	\$ 0.00	
10. Calculate monthly Income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 2,038.40	+	\$ 2,972.49 = \$ 5,010.89
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.	11.	+	\$ 0.00	
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	12.	\$ 5,010.89		
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: 401(k) contributions debtor 2 \$384.60 plus additional fedw/w of \$200	14.			

Enter your information to identify yourself.			
Debtor 1	William	Peter	VerVooren
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Loretta	Leonarda	VerVooren
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Nevada			
Case number (If known) _____			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

Your expenses		
4.	\$	490.00
4a.	\$	0.00
4b.	\$	
4c.	\$	200.00
4d.	\$	

Debtor 1 **William Peter VerVooren**
 First Name Middle Name Last Name

Case number (if known) _____

Your expenses	
5. Additional mortgage payments for your residence, such as home equity loans	5. \$ _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 220.00
6b. Water, sewer, garbage collection	6b. \$ 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 260.00
6d. Other. Specify: storage	6d. \$ 100.00
7. Food and housekeeping supplies	7. \$ 800.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 268.00
10. Personal care products and services	10. \$ 150.00
11. Medical and dental expenses	11. \$ 345.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 420.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 115.00
14. Charitable contributions and religious donations	14. \$ 100.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ _____
15b. Health insurance	15b. \$ _____
15c. Vehicle insurance	15c. \$ 147.00
15d. Other insurance. Specify: _____	15d. \$ _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 382.00
17b. Car payments for Vehicle 2	17b. \$ _____
17c. Other. Specify: Title Max 97 Ford Title Loan	17c. \$ 454.00
17d. Other. Specify: _____	17d. \$ _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ _____
20b. Real estate taxes	20b. \$ _____
20c. Property, homeowner's, or renter's insurance	20c. \$ _____
20d. Maintenance, repair, and upkeep expenses	20d. \$ _____
20e. Homeowner's association or condominium dues	20e. \$ _____

Debtor 1 William Peter VerVooren Case number (if known) _____

First Name Middle Name Last Name

21. Other. Specify: Prof. HR Membership & Monthly Dues, GYM

21. +\$ 283.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a.	\$ <u>4,734.00</u>
22b.	\$ <u>0.00</u>
22c.	\$ <u>4,734.00</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 5,010.89

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 4,734.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c.	\$ <u>276.89</u>
------	------------------

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: 97 Ford Truck had \$1200.00 in Repair expenses to Motor March 3, 2017 truck needs additional repairs, 5th wheel we are living in for our home will need air conditioning unit this June \$548, Furnace needs to be replaced \$575, refrigerator in unit will need to be replaced \$1200 IRS payments in the amount of \$500 will need to be made for tax years 2014,2015, 2016 toward \$15,000 tax debt for those year starting in June 2017. changed tax deduction as well for more taxes to be deducted from my paychecks \$200 extra to avoid 2017 tax liability

Please print or type in capital letters. Do not use all caps.		
Debtor 1 <u>William</u>	First Name	Peter
	Middle Name	VerVooren
Debtor 2 (Spouse, if filing) <u>Loretta</u>	First Name	Leonarda
	Middle Name	VerVooren
Last Name		
United States Bankruptcy Court for the: District of Nevada		
Case number (if known) _____		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

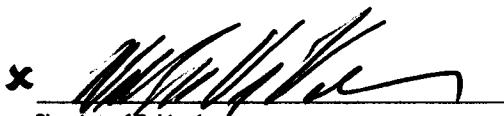
Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

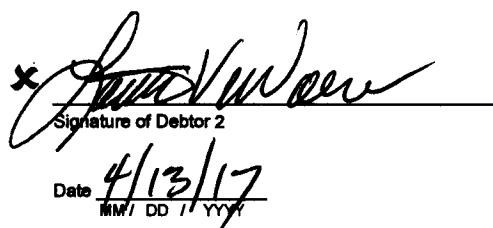
No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.


Signature of Debtor 1

Date 4/13/17
MM / DD / YYYY


Signature of Debtor 2

Date 4/13/17
MM / DD / YYYY

CO	FILE	DEPT	CLOCK	VCNR	NO	030
CRED	043088	007062		0000130036		1



ATRIUM HOSPITALITY LP
12735 MORRIS ROAD SUITE 400
ALPHARETTA, GA 30004

Earnings Statement

Period Beginning: 03/11/2017
Period Ending: 03/24/2017
Pay Date: 03/31/2017

00000000030

LORETTA L VERVOOREN
360 BLUE SKIES DR
SPARKS NV 89436

Taxable Marital Status: Married
Exemptions/Allowances:

Federal: 2
NV: No State Income Tax

Earnings	rate	hours	this period	year to date	Other Benefits and Information	this period	total to date
Regular	24.0385	80.00	1,923.08	10,576.94			
				10,576.94	GII	0.20	0.80

Deductions Statutory

Federal Income Tax	-134.45	296.77
Social Security Tax	-110.34	620.23
Medicare Tax	-25.80	145.05

Other

ADP EMPLOYEE	-0.48	1.92
ADP SPOUSE	-0.24	0.96
LIFE EMPLOYEE	-11.52	46.08
Ppo Pre Tax	-113.19*	452.76
Pretax Dental	-28.02*	112.08
Pretax Vision	-2.28*	9.12
S.T.D.	-4.79	19.16
SPOUSE LIFE	-5.76	23.04
Meals		30.00

Checking Acct	-1,486.21
Net Check	\$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,779.59

© 2000 ADP, Inc.



ATRIUM HOSPITALITY LP
12735 MORRIS ROAD SUITE 400
ALPHARETTA, GA 30004

Advice number: 00000130036
Pay date: 03/31/2017

Deposited to the account of
LORETTA L VERVOOREN

account number	transit ABA	amount
xxxxxx7538	xxxx xxxx	\$1,486.21

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO	FILE	DEPT	CLOCK	VCHL NO	BSN
CXD	043048	007052		0000110036	1



atrium hospitality lp
12735 MORRIS ROAD SUITE 400
ALPHARETTA, GA 30004

Earnings Statement



Period Beginning: 02/25/2017
 Period Ending: 03/10/2017
 Pay Date: 03/17/2017

00000000029

Taxable Marital Status: Married
 Exemptions/Allowances:

Federal: 2
 NV: No State Income Tax

LORETTA L VERVOOREN
360 BLUE SKIES DR
SPARKS NV 89436

Earnings	rate	hours	this period	year to date	Other Benefits and Information	this period	total to date
Regular	24.0385	80.00	1,923.08	8,653.86			
				8,653.86	GII	0.20	0.60

Deductions	Statutory	Other	Important Notes
Federal Income Tax	-134.45	162.32	EFFECTIVE THIS PAY PERIOD YOUR FEDERAL EXEMPTIONS
Social Security Tax	-110.35	509.89	HAVE BEEN CHANGED FROM 0 TO 2
Medicare Tax	-25.81	119.25	
Net Pay	\$1,486.19		
Checking Acct	-1,486.19		
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,779.59

© 2009 ADP, LLC



atrium hospitality lp
12735 MORRIS ROAD SUITE 400
ALPHARETTA, GA 30004

Advice number: 00000110036
 Pay date: 03/17/2017

Deposited to the account of
 LORETTA L VERVOOREN

account number	transit ABA	amount
xxxxxx7538	xxxx xxxx	\$1,486.19

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO	RLE	DEPT	CLOCK	VCHR. NO.	030
CKD	043088	007062		0000090035	1



atrium hospitality lp
12735 MORRIS ROAD SUITE 400
ALPHARETTA, GA 30004

Earnings Statement



Period Beginning: 02/11/2017
Period Ending: 02/24/2017
Pay Date: 03/03/2017

00000000028

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 9

NV: No State Income Tax

LORETTA L VERVOOREN
360 BLUE SKIES DR
SPARKS NV 89436

Earnings	rate	hours	this period	year to date	Other Benefits and Information	this period	total to date
Regular	24.0385	80.00	1,923.08	6,730.78			
				6,730.78	Gt:	0.20	0.40

Deductions	Statutory		
Federal Income Tax	-4.51	27.87	
Social Security Tax	-110.35	399.54	
Medicare Tax	-25.81	93.44	
Other			
AD&D EMPLOYEE	-0.48	0.96	
AD&D SPOUSE	-0.24	0.48	
LIFE EMPLOYEE	-11.52	23.04	
Meals	-30.00	30.00	
Ppo Pre Tax	-113.19*	226.38	
Pretax Dental	-28.02*	56.04	
Pretax Vision	-2.28*	4.56	
S.T.D.	-4.79	9.58	
SPOUSE LIFE	-5.76	11.52	
Total Pay	\$1,779.59		
Checking Acct	-1,586.13		
Bank Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,779.59

© 2000 ADP, Inc.



atrium hospitality lp
12735 MORRIS ROAD SUITE 400
ALPHARETTA, GA 30004

Advice number: 00000090035
Pay date: 03/03/2017

Deposited to the account of
LORETTA L VERVOOREN

account number	transit ABA	amount
xxxxxx7538	xxxx xxxx	\$1,586.13

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK NUMBER 030
CKD 043088 007062 0004017682



**atrium hospitality lp
12735 morris road suite 400
alpharetta, ga 30004**

Earnings Statement



Period Beginning: 01/28/2017
Period Ending: 02/10/2017
Pay Date: 02/17/2017

Taxable Marital Status: Married
Exemptions/Allowances:

Exemptions/Allowances:

Federal AIDS

NV No State Income Tax

**LORETTA L VERVOOREN
380 BLUE SKIES DR
SPARKS NV 89436**

<u>Earnings</u>	rate	hours	this period	year to date	<u>Other Benefits and Information</u>	this period	total to date
Regular	24.0385	80.00	1,923.08	4,807.70			
	Total Earnings		\$1,923.08	4,807.70			
 <u>Deductions</u>	<u>Statutory</u>				<u>Deposits</u>		
	Federal Income Tax		-4.51	23.36	Account No.		XXXXXX7538
	Social Security Tax		-110.34	289.19	Transit/ABA		XXXX XXXX
	Medicare Tax		-25.80	67.63	Pending		
	<u>Other</u>				<u>Important Notes</u>		
	AD&D EMPLOYEE		-0.48	0.48	YOUR BANK WAS NOTIFIED OF YOUR REQUEST FOR DIRECT		
	AD&D SPOUSE		-0.24	0.24	DEPOSIT. IT WILL BEGIN AFTER ACCOUNT VERIFICATION.		
	LIFE EMPLOYEE		-11.52	11.52			
	Ppo Pre Tax		-113.19*	113.19			
	Pretax Dental		-28.02*	28.02			
	Pretax Vision		-2.28*	2.28			
	S.T.D.		-4.79	4.79			
	SPOUSE LIFE		-5.76	5.76			
	No Pay		\$1,923.08	4,807.70			
	No Check		\$1,923.08	4,807.70			

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,779.59

© 2009 AEW LLC



atrium hospitality lp
12735 morris road suite 400
alpharetta , ga 30004

CKD
Payroll check number: 0004017682
Pay date: 02/17/2017

90-477/1222

Pay to the
order of:

LORETTA L VERVOOREN

This amount

ONE THOUSAND SIX HUNDRED SIXTEEN AND FIVE DOLLARS

\$1616.15

ISSUED BY ADP PAYROLL SERVICES INC. IN EXISTENCE SINCE 1974. INFORMATION AVAILABLE AT 877-423-7243.

Wells Fargo Bank, N.A.

Debtor 1 William Peter VerVooren Case number (if known) _____

First Name Middle Name Last Name

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

From January 1 of current year until
the date you filed for bankruptcy:

Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ 0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$ 10,576.94	
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business		
For last calendar year: (January 1 to December 31, 2016 YYYY)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 25,412.00
For the calendar year before that: (January 1 to December 31, 2015 YYYY)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 67,631.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

From January 1 of current year until
the date you filed for bankruptcy:

Sources of Income Describe below.	Gross Income from each source (before deductions and exclusions)	Sources of Income Describe below.	Gross Income from each source (before deductions and exclusions)
SS Disability	\$ 4,583.70		\$ 0.00
Pension Disability	\$ 2,379.00		\$ 0.00
	\$ 0.00		\$ 0.00
For last calendar year: (January 1 to December 31, 2016 YYYY)	SS Disability \$ 18,334.80 Pension Disability \$ 9,516.00	Unemployment IRA Distribution	\$ 10,842.00 \$ 1,722.00
For the calendar year before that: (January 1 to December 31, 2015 YYYY)	SS Disability \$ 18,334.80 Pension Disability \$ 9,516.00	IRA Distribution	\$ 0.00 \$ 1,722.00

Debtors' names and maiden names if applicable		
Debtor 1	William	Peter
	First Name	Middle Name
		Last Name
Debtor 2 (Spouse, if filing)	Loretta	Leonarda
	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: District of Nevada		
Case number (if known) _____		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:
lived thereDates Debtor 2
lived there Same as Debtor 1

3361 Lagomarsino Ct

Number Street

From 03/18/2014

Number Street

 Same as Debtor 1

To 08/05/2015

From _____
To _____

Sparks

NV 89431

City State ZIP Code

City State ZIP Code

 Same as Debtor 1 Same as Debtor 1

Number Street

From _____

Number Street

From _____

To _____

To _____

City

State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

Debtor 1 **William Peter VerVooren** Case number (if known) _____

First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Date of payment	Total amount paid	Amount you still owe	Was this payment for...
Number Street		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
City State ZIP Code				
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				

Debtor 1 **William Peter VerVooren** Case number (if known) _____

First Name Middle Name Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____ Number Street _____ City State ZIP Code _____	\$ _____ \$ _____		
Insider's Name _____ Number Street _____ City State ZIP Code _____	\$ _____ \$ _____		

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number Street _____ City State ZIP Code _____	\$ _____ \$ _____		
Insider's Name _____ Number Street _____ City State ZIP Code _____	\$ _____ \$ _____		

Debtor 1 William Peter VerVooren Case number (if known) _____

First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____ Case number _____ _____	Court Name Number Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ _____ Case number _____ _____	Court Name Number Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
Santander Consumer USA Creditor's Name PO Box 1259 Number Street Fort Worth TX City State ZIP Code	2009 Dodge Journey 04/10/2016	\$ 15,000.00
<p style="text-align: center;">Explain what happened</p> <p><input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.</p>		
Describe the property	Date	Value of the property
Creditor's Name Number Street City State ZIP Code		\$ _____
<p style="text-align: center;">Explain what happened</p> <p><input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.</p>		

Debtor 1 **William Peter VerVooren** Case number (if known) _____

First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number Street			\$ _____
City State ZIP Code	Last 4 digits of account number: XXXX-_____		

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Debtor 1 **William Peter VerVooren** Case number (if known) _____

First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____		_____	\$ _____
Number Street _____ _____		_____	\$ _____
City State ZIP Code _____ _____			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small>	Date of your loss	Value of property lost
		_____	\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street _____ _____		_____	\$ _____
City State ZIP Code _____ _____		_____	\$ _____
Email or website address _____ _____			
Person Who Made the Payment, If Not You _____ _____			

Debtor 1 William Peter VerVooren Case number (if known) _____

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number Street			_____	\$ _____
City State ZIP Code			_____	\$ _____
Email or website address			_____	\$ _____
Person Who Made the Payment, if Not You			_____	\$ _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number Street			_____	\$ _____
City State ZIP Code			_____	\$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer		_____	_____
Number Street		_____	_____
City State ZIP Code		_____	_____
Person's relationship to you _____			
Person Who Received Transfer		_____	_____
Number Street		_____	_____
City State ZIP Code		_____	_____
Person's relationship to you _____			

Debtor 1 **William Peter VerVooren** Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust _____

Part 8b List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Name of Financial Institution

XXXX- _____

Checking

\$ _____

Savings

Number Street

Money market

City State ZIP Code

Brokerage

Other _____

Name of Financial Institution

XXXX- _____

Checking

\$ _____

Savings

Number Street

Money market

City State ZIP Code

Brokerage

Other _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Name _____

No
 Yes

Number Street

Number Street _____

City State ZIP Code

City State ZIP Code _____

Debtor 1 William Peter VerVooren Case number (if known) _____

First Name Middle Name Last Name

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

			Who else has or had access to it?	Describe the contents	Do you still have it?
Mini's on Parr Name of Storage Facility 280 E. Parr Ste 100 Number Street Reno NV 89512 City State ZIP Code			Name Number Street City State ZIP Code	clothes, family photos, IRS Documents old dishes, glassware, pots pans, camp stove, 1960 Glaspar, 2 Kayaks, with life jackets, paddles,	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

			Where is the property?	Describe the property	Value
Owner's Name Number Street City State ZIP Code			Number Street City State ZIP Code		\$ _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

		Governmental unit	Environmental law, if you know it	Date of notice
Name of site Number Street City State ZIP Code		Governmental unit Number Street City State ZIP Code		_____

Debtor 1 **William Peter VerVooren** Case number (if known) _____

First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
		City State ZIP Code	
City	State	ZIP Code	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		
Court Name		
Number Street		
Case number	City State ZIP Code	

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____
City State ZIP Code		Dates business existed
Business Name	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____
City State ZIP Code		Dates business existed

Debtor 1 William Peter VerVooren Case number (if known) _____

First Name Middle Name Last Name

Describe the nature of the business			Employer identification number Do not include Social Security number or ITIN.
Business Name			EIN: _____ - _____
Number Street			Dates business existed
City State ZIP Code			From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Date Issued

Name _____ MM / DD / YYYY
 Number Street

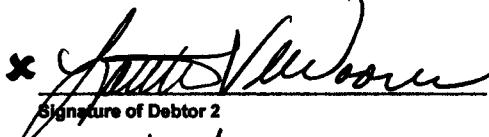
 City State ZIP Code

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571


 Signature of Debtor 1

Date 4-13-17


 Signature of Debtor 2

Date 4/13/17

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Debtors' names and social security numbers		
Debtor 1	First Name: <u>William</u>	Middle Name: <u>Peter</u>
	Last Name: <u>Vervooren</u>	
Debtor 2 (Spouse, if filing)	First Name: <u>Loretta</u>	Middle Name: <u>Leonarda</u>
	Last Name: <u>VerVooren</u>	
United States Bankruptcy Court for the: District of Nevada		
Case number (if known) _____		<input type="checkbox"/> Check if this is an amended filing

Official Form 108**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>Right Size Funding</u>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: <u>2006 Ford Explorer</u>		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		

Debtor 1 **William Peter Vervooren** Case number (if known) _____

First Name Middle Name Last Name

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

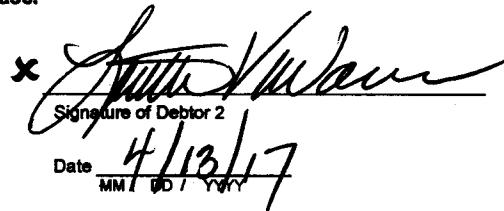
Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.



Signature of Debtor 1

Date 4/13/17
MM / DD / YYYY



Signature of Debtor 2

Date 4/13/17
MM / DD / YYYY

Debtors' names and the name of your spouse if filing jointly:			
Debtor 1	First Name <u>William</u>	Middle Name <u>Peter</u>	Last Name <u>VerVooren</u>
Debtor 2 (Spouse, if filing)	First Name <u>Loretta</u>	Middle Name <u>Leonarda</u>	Last Name <u>VerVooren</u>
United States Bankruptcy Court for the: District of Nevada			
Case number (If known) _____			

Debtors' names and the name of your spouse if filing jointly:	
<input checked="" type="checkbox"/> 1. There is no presumption of abuse.	
<input type="checkbox"/> 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A-2).	
<input type="checkbox"/> 3. The Means Test does not apply now because of qualified military service but it could apply later.	

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.
 Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 Married and your spouse is NOT filing with you. You and your spouse are:
 Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 0.00	\$ 1,873.60

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

\$ 0.00	\$ 0.00
---------	---------

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

\$ 0.00	\$ 0.00
---------	---------

5. Net income from operating a business, profession, or farm

Debtor 1	Debtor 2
\$ _____	\$ _____
Ordinary and necessary operating expenses	-\$ _____ - \$ _____
Net monthly income from a business, profession, or farm	\$ 0.00 \$ 0.00 <i>Copy here →</i> \$ 0.00 \$ 0.00

Gross receipts (before all deductions)

\$ _____ \$ _____

Ordinary and necessary operating expenses

-\$ _____ - \$ _____

Net monthly income from a business, profession, or farm

\$ 0.00 \$ 0.00 *Copy here →* \$ 0.00 \$ 0.00

6. Net income from rental and other real property

Debtor 1	Debtor 2
\$ _____	\$ _____
Ordinary and necessary operating expenses	-\$ _____ - \$ _____
Net monthly income from rental or other real property	\$ 0.00 \$ 0.00 <i>Copy here →</i> \$ 0.00 \$ 0.00

Gross receipts (before all deductions)

\$ _____ \$ _____

Ordinary and necessary operating expenses

-\$ _____ - \$ _____

Net monthly income from rental or other real property

\$ 0.00 \$ 0.00 *Copy here →* \$ 0.00 \$ 0.00

7. Interest, dividends, and royalties

\$ 0.00 \$ 0.00

Debtor 1 William Middle Name Peter Last Name VerVooren Case number (if known) _____

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____

For you \$ _____

For your spouse \$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. \$ _____ \$ _____ 0.00**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ _____ \$ _____ 0.00
\$ _____ \$ _____ 0.00

+ \$ _____ + \$ _____ 0.00

\$ _____	+ \$ _____	= \$ _____
	3,321.60	3,321.60

Total current monthly income

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year. Follow these steps:**

12a. Copy your total current monthly income from line 11. Copy line 11 here ➔ \$ 3,321.60

Multiply by 12 (the number of months in a year).

12b. The result is your annual income for this part of the form.

12b. \$ 39,859.20

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Nevada

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household.

13. \$ 60,841.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

Signature of Debtor 1

Date 4/13/17
MM / DD / YYYY

X

Signature of Debtor 2

Date 4/13/17
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Part 1: Information About You		
Debtor 1	William	Peter
	First Name	Middle Name
	VerVooren	Last Name
Debtor 2 (Spouse, if filing)	Loretta	Leonarda
	First Name	Middle Name
	VerVooren	Last Name
United States Bankruptcy Court for the: District of Nevada		
Case number _____		

Check if this is an amended filing

Official Form 122A-1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1). If you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

- Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

- Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?

No. Go to line 3.

Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Go to line 3.

Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

- Are you or have you been a Reservist or member of the National Guard?

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Check any one of the following categories that applies:

- I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.
- I am performing a homeland defense activity for at least 90 days.
- I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Debtor 1	William	Peter	VerVooren
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Loretta	Leonarda	VerVooren
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Nevada			
Case number _____ (if known)			

According to the calculations required by this Statement:

1. There is no presumption of abuse.
 2. There is a presumption of abuse.

Check if this is an amended filing

Official Form 122A-2

Chapter 7 Means Test Calculation

12/15

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income..... Copy line 11 from Official Form 122A-1 here → \$ 3,321.60

2. Did you fill out Column B in Part 1 of Form 122A-1?

No. Fill in \$0 for the total on line 3.
 Yes. Is your spouse filing with you?
 No. Go to line 3.
 Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

No. Fill in 0 for the total on line 3.
 Yes. Fill in the information below:

State each purpose for which the income was used
For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you are subtracting from your spouse's income

\$ _____
\$ _____
+ \$ _____

\$ _____
\$ _____
+ \$ _____

Total.....

Copy total here → - \$ _____

\$ 3,321.60

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

Debtor 1 William Peter VerVooren

Case number (if known) _____

Part 2.

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

	2
--	---

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,083.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 54.00

7b. Number of people who are under 65 X 2

7c. Subtotal. Multiply line 7a by line 7b. \$ 108.00 Copy here ➔ \$ 108.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ _____

7e. Number of people who are 65 or older X _____

7f. Subtotal. Multiply line 7d by line 7e. \$ _____ Copy here ➔ + \$ _____

7g. Total. Add lines 7c and 7f.....

	<u>\$ 108.00</u>
--	------------------

Copy total here ➔

	<u>\$ 108.00</u>
--	------------------

Debtor 1 William Peter VerVooren
 First Name Middle Name Last Name

Case number (if known) _____

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form.
 This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ _____

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses..... \$ 1,345.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment	
shamrock	\$ 535.00	
_____	\$ _____	
_____	+ \$ _____	
Total average monthly payment	\$ 535.00	Copy here ➔
	-\$ 535.00	Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0. \$ 810.00

Copy here ➔ \$ 810.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ _____

Explain why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

\$ 426.00

Debtor 1 **William Peter VerVooren**
 First Name Middle Name Last Name

Case number (if known) _____

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1

Describe Vehicle 1: **2006 Ford Explorer**

13a. Ownership or leasing costs using IRS Local Standard. \$ _____

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
Right Size Funding	\$ 382.00
	+ \$ _____
Total average monthly payment	\$ 382.00

Copy here →

— \$ 382.00

Repeat this amount on line 33b.

Copy net Vehicle 1 expense here ... →

\$ 382.00

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

\$ 382.00

Vehicle 2

Describe Vehicle 2: _____

13d. Ownership or leasing costs using IRS Local Standard. \$ _____

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
	\$ _____
	+ \$ _____
Total average monthly payment	\$ 0

Copy here →

— \$ 0

Repeat this amount on line 33c.

Copy net Vehicle 2 expense here ... →

\$ _____

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.

\$ _____

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ _____

Debtor 1

First Name	William	Middle Name	Peter	Last Name	VerVooren
------------	---------	-------------	-------	-----------	-----------

Case number (if known) _____

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ 540.18
 Do not include real estate, sales, or use taxes.

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ _____
 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 34.56

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ 0.00
 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

20. **Education:** The total monthly amount that you pay for education that is either required:
 as a condition for your job, or
 for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ 0.00
 Do not include payments for any elementary or secondary school education.

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
 Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00

23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ 135.00
 Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 3,518.00
 Add lines 6 through 23.

Debtor 1 William Peter VerVooren
 First Name Middle Name Last Name

Case number (if known) _____

Additional Expense Deductions These are additional deductions allowed by the Means Test.
 Note: Do not include any expense allowances listed in lines 6-24.

25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ _____

Disability insurance \$ _____

Health savings account + \$ _____

Total \$ _____ Copy total here ➔ \$ _____

Do you actually spend this total amount?

No. How much do you actually spend? \$ _____
 Yes

26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$ 0.00

27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00

By law, the court must keep the nature of these expenses confidential.

28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. \$ 0.00

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$ 0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$ 223.00

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). + \$ 100.00

\$ 323.00

32. Add all of the additional expense deductions.

Add lines 25 through 31.

Debtor 1 **William Peter VerVooren**
 First Name Middle Name Last Name

Case number (if known) _____

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

		Average monthly payment												
Mortgages on your home:														
33a.	Copy line 9b here	→ \$ <u>535.00</u>												
Loans on your first two vehicles:														
33b.	Copy line 13b here.	→ \$ <u>382.00</u>												
33c.	Copy line 13e here.	→ \$ <u>0</u>												
33d.	List other secured debts:													
<table border="0"> <tr> <td style="width: 30%;">Name of each creditor for other secured debt</td> <td style="width: 30%;">Identify property that secures the debt</td> <td style="width: 40%;">Does payment include taxes or insurance?</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No + \$ _____ <input type="checkbox"/> Yes</td> </tr> </table>		Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	_____	_____	<input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes	_____	_____	<input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes	_____	_____	<input type="checkbox"/> No + \$ _____ <input type="checkbox"/> Yes	
Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?												
_____	_____	<input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes												
_____	_____	<input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes												
_____	_____	<input type="checkbox"/> No + \$ _____ <input type="checkbox"/> Yes												
33e.	Total average monthly payment. Add lines 33a through 33d.	\$ <u>2.00</u>												
		Copy total here → \$ <u>2.00</u>												

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
Right Size Funding	2006 Ford Exp	\$ <u>9,783.00</u>	+ 60 = \$ <u>163.05</u>
_____	_____	\$ _____	+ 60 = \$ _____
_____	_____	\$ _____	+ 60 = + \$ _____
		Total	\$ <u>163.05</u>
			Copy total here → \$ <u>163.05</u>

35. Do you owe any priority claims such as a priority tax, child support, or alimony — that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ 100,000.00 + 60 = \$ 1,666.67

Debtor 1 William Peter VerVooren
 First Name Middle Name Last Name

Case number (if known) _____

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

No. Go to line 37.

Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ _____

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). X _____

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ _____ Copy total here → \$ _____

37. Add all of the deductions for debt payment.

Add lines 33e through 36.

\$ 2,746.00

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances \$ 3,518.00

Copy line 32, All of the additional expense deductions \$ 323.00

Copy line 37, All of the deductions for debt payment + \$ 2,746.00

Total deductions \$ 6,587.00 Copy total here → \$ 6,587.00

Part 3: Determine Whether There Is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, adjusted current monthly income \$ 3,321.60

39b. Copy line 38, Total deductions - \$ 6,587.00

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
 Subtract line 39b from line 39a. \$ 0.00 Copy here → \$ 0.00

For the next 60 months (5 years).... x 60

39d. Total. Multiply line 39c by 60. \$ 0.00 Copy here → \$ 0.00

40. Find out whether there is a presumption of abuse. Check the box that applies:

The line 39d is less than \$7,475*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

The line 39d is more than \$12,475*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

The line 39d is at least \$7,475*, but not more than \$12,475*. Go to line 41.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 William Peter VerVooren
 First Name Middle Name Last Name

Case number (if known) _____

41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. \$ 48,628.16

x .25

\$ 12,157.04

Copy here →

\$ 12,157.04

41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(I)(I).
 Multiply line 41a by 0.25.

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

No. Go to Part 5.

Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense
or income adjustment

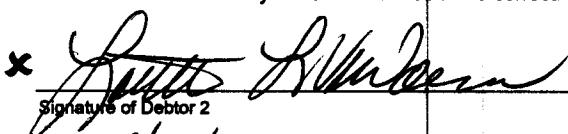
Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.



Signature of Debtor 1

Date 4/13/17
 MM / DD / YYYY



Signature of Debtor 2

Date 4/13/17
 MM / DD / YYYY

Aargon Collection Agency
8668 Spring Moutain RD
Las Vegas, NV 89117-4113

Asset Recovery
2200 E. Devon Ave. Ste 200
Des Plaines, IL 60018-4501

Associated Anesthesiologists of Reno
PO Box 401805
Las Vegas, NV 89140-1805

Business & Professional Collection Srvc.
816 S. Center St.
Reno, NV 89501

Convergent
PO Box 9004
Renton, WA 98057

CMRE - CSN
3075 E. Imperial Hwy #200
Brea, CA 9282-6753

CSN
777 Forest St.
Reno, NV 89509

CASH 1
DEPT 461
PO Box 4115
CONCORD, CA 94524

CLARK COUNTY COLLECTION SVC. LLC
8860 W. SUNSET RD SUITED 100
LAS VEGAS, NV 89148-4898

EASTERN PLUMAS HEALTH CARE
500 FIRST AVE.
PORTOLA, CA 96122

ENHANCED RECOVERY COMPANY, LLC
DEPT 0063
PALATINE, IL 60055-0063

EXPRESS RECOVERY SERVICES, INC.
PO BOX 26415
SALT LAKE CITY, UT 84126-0415

GRANT WEBER INC
861 CORONADO CENTER DRIVE STE 211
HENDERSON, NV 89052

HOSPITAL COLLECTION SERVICES
PO BOX 872
RENO, NV 89504-0872

INTERNAL REVENUE SERVICE
ACS SUPPORT
PO BOX 24017
FRESNO, CA 93779-4017

JEFFERSON CAPITAL SYSTEMS LLC
16 MCLELAND ROAD
SAINT CLOUD, MN 56303

MCM MIDLAND CREDIT
2365 NORTHSIDE DR. SUITE 300
SAN DIEGO, CA 92108

MEDICAL REVENUE SERVICE
PO BOX 1149
SEBRING FL 33871

MERCURY INSURANC GROUP
PO BOX 5600
RANCHO CUCAMONGA, CA 91729-9929

MONEY TREE
PO BOX 58363
SEATTLE, WA 98138

NATIONAL BUSINESS FACTORS
969 MICA DR.
CARSON CITY, NV 89705

NEVADA FEDERAL CREDIT UNIONS
PO BOX 15400
LAS VEGAS, NV 89114-5400

NCB MANAGEMENT SERVICES
PO BOX 1099
LANGHOME, PA 19047

NORTHERN NV MEDICAL CENTER
PO BOX 31001-0827
PASADENA, CA 91110-0827

PROFESSIONAL FINANCE COMPANY
PO BOX 1686
GREELEY, CO 80632-1686

PROFESSIONAL BUREAU OF COLLECTIONS OF MD
PO BOX 4157
GREENWOOD, CO 80155

REAL TIME RESOLUTIONS
DEPT 107565
PO BOX 1259
OAKS, PA 19456

Montgomery Ward
1112 7th Ave
Monroe, WI 53566

RIGht Size Funding
PO BOX 93385
Las Vegas, NV 89193

NCP Check n GO
7755 Montgomery Road, Ste. 400
Cincinnati, OH 45236

Radiology Consultants
PO BOX 3177
Indianapolis, IND 46206

Swiss Colony
1112 Seventh Ave.
Monroe, WI 53566

Sparks Radiology
PO Box 21209
Reno, NV 89515

RECEIVABLE MANAGEMENT SERVICES
PO BOX 523
RICHFIELD, OH 44286

RENON HEALTH
PO BOX 30006
RENO, NV 89520

RECEIVABLE PERFORMANCE MANAGEMENT LLC
PO OX 1548
LYNNWOOD, WA 98046-1548

SANTANDER CONSUMER USA
PO BOX 961245
FORT WORTH, TX 76161-1245

ST. MARY'S
FILE 1463
1801 W OLUMPI BLVD
PASADENA, CA 91199-1463

SUMMITT COLLECTIONS SERVICES
491 COURT ST.
RENO, NV 89501

SUNRISE CREDIT SERVICES INC.
PO BOX 9100
FARMINGDALE, NY 11735-9100

UNIVERSAL FIDELITY LP
PO BOX 219785
HOUSTON, TX 77218-9785